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Union Hospital Community Health Needs Assessment
April 10, 2014

2014-2016 Implementation Plan

Overall Goal and Approach to Implementation Plan

Union Hospital is committed to using its resources to help meet the health needs of the residents of this community. Union Hospital will provide leadership in the process of meeting those needs as it is consistent with our mission to: *Provide excellent quality health care to the community at a competitive price through highly competent people and an integrated provider network.*

The Hospital's approach to providing community benefit is to identify unmet community health needs and utilize this organization's resources to address these needs in a manner consistent with our mission and our key strengths.

Community Partners

Union Hospital believes that it is important to work with other community organizations to improve the overall health status of local residents. Working together, we can collectively address more of the identified unmet community health needs. These are some of the community organizations that Union Hospital is already in partnership with or will seek collaboration agreements to address health needs:

- Tuscarawas County Health Department
- New Philadelphia City Health Department
- Trinity Twin City Hospital
- Healthy Tusc
- The Clinic for the Working Uninsured
- The Tuscarawas County YMCA
- The Tuscarawas County United Way
- The ADAMHS Board and Agencies
- The Senior Citizens Centers
- Local School Districts
- State, County, and Local Governments
- Kent State University Tuscarawas Campus
- Tuscarawas County Council for Church and Community (T4C)
- Local physicians and other healthcare providers
- AHA, ACS, American Red Cross
- Area Agency on Aging, Region 9

Results of the Health Needs Assessment

The December 2013 Community Health Needs Assessment report identified the priority health needs of the community served by Union Hospital. The report data provided a means to evaluate and prioritize areas of greatest need that UH will address. The needs to be addressed by Union Hospital have been selected based on these criteria:

- Needs that have the greatest impact on overall health of the community
- Needs that the hospital is most able to address and achieve a positive impact

As the result of the Community Health Needs Assessment, these needs were identified as the issues in Tuscarawas County.

1. Access to affordable healthcare services
2. Access to preventative services
3. Obesity and lifestyle choices
4. High incidence of high blood pressure
5. High incidence of diabetes
6. High incidence of high cholesterol
7. Isolation of seniors resulting in lack of treatment for chronic illness
8. Access of mental health services, drug and alcohol addiction treatment

Priority Needs to Be Addressed by Union Hospital

The Union Hospital Board of Trustees has directed that the hospital will utilize its community benefit resources on the first six of the eight priorities: **access to care, obesity and lifestyle choices**, and conditions that often result from obesity; **high blood pressure, diabetes, and high cholesterol.**

Needs that Union Hospital Will Not Address

Two of the priority health needs of the community will not be directly address by Union Hospital in this Implementation Plan. These are needs numbered 7 and 8 above, Isolation of seniors resulting in lack of treatment for chronic illness and access to mental health services, drug and alcohol addiction treatment.

Union Hospital does not have the resources, services, or professional staff required to adequately address the social services needed to reach isolated seniors in their homes. Hospital-based social service staff are involved with the development of the Implementation Plan and will be alert to more opportunities to collaborate with other community agencies whose mission is services for seniors and help our patients access those services after discharge.

In a similar manner, lacking the medical staff or resources to address needs for mental health and addiction services, Union Hospital will continue to refer patients to local agencies supported by the ADAMHS Board and other private practice providers. Additionally Union Hospital will support as possible our existing mental health and substance abuse providers in maintaining and/or expanding their services they currently provide.

Access Grouping

PRIORITY I: Access to healthcare services

Objective #1
Union Hospital services are more affordable to uninsured patients and those with high deductibles.

Strategy A: Provide self-pay discounts from retail prices.
Strategy B: Discount charges from 10% to 100% based on household income.
Strategy C: Offer prompt pay discounts to reduce patient expense.
Strategy D: Provide counseling and case management services to help patients/families identify resources available to assist with healthcare expenses.

KEY METRICS: Track total number of accounts and total amount of discounts affected by Strategies A, B, C, and D. annually.

Objective #2
Primary care physician services are more accessible to uninsured patients.

Strategy A: Additional primary care physicians are recruited to meet the needs of more Medicaid and self-pay patients
Strategy B: FirstCare urgent care center is open evenings and weekends for patient care and physician referral assistance.
Strategy C: Collaborate with the Clinic for the Working Uninsured to refer patients for services.
Strategy D: Explore the need and identify the resources required to operate a primary care clinic for low-income and uninsured residents.

KEY METRICS: Track annual growth in Primary Care Physician staff, numbers of patients served at FirstCare, and referrals to the Clinic for the Underserved to the Healthcare Marketplace.

Objective #3
Increase the number of local professionals by advocating for students to consider healthcare career choices.

Strategy A: Conduct monthly Nursing Career Exploration programs
Strategy B: Conduct annual UH TECH Career Camp
Strategy C: Serve with the KSU Nursing School as a clinical training site
Strategy D: Offer shadowing and internship opportunities for students.

KEY METRICS: Track annual total number of students involved with UH programs for career development and training.

Lifestyle Grouping

PRIORITY II: Access to preventative services
PRIORITY III: Obesity and Lifestyle Choices
PRIORITY IV: High Incidence of High Blood Pressure
PRIORITY VI: High Incidence of High Cholesterol

Objective #1
Lower population risk factors by supporting healthy lifestyles

Strategy A: Promote and support local farmers' markets in the communities
Strategy B: Collaborate with Healthy Tusc to advance obesity policy changes.
Strategy C: Promote behaviors that help reduce obesity and related high cholesterol.
Strategy D: Offer Community Health and Wellness screening events to ID and counsel at-risk individuals

Objective #2
Reduce the numbers of overweight people of all ages by addressing the population of WorkWell clients, students in schools, and in the general community.

Strategy A: Encourage WorkWell clients to educate employees about their benefit package, including obesity prevention and educational services.
Strategy B: Encourage WorkWell client worksites to provide incentives for their employees to complete an HRA.
Strategy C: Promote adoption of UH Community Health and Wellness programs to exercise and lose weight.
Strategy D: Continue/expand the Community Walking Program initiative
Strategy E: Continue to sponsor community events like walks, races, and movement
Strategy F: Offer healthy food choices in the UH Cafeteria, the Senior Supper Club, and Mobile Meals
Strategy G: Offer community education to advocate healthy diet choices.

Diabetes Group

PRIORITY V: High Incidence of Diabetes

Objective #1
Identify pre-diabetic and diabetic persons for education.

Strategy A: Continue to partner with community service groups to provide large-scale screening days.
Strategy B: Expand A1C screening opportunities
Strategy C: Promote and extend Union Hospital Diabetes Education services to those identified at risk through screening.
Strategy D: Provide options for follow-up, diagnosis, and care

Objective #2
Increase awareness of prevention and control/self-management of diabetes

Strategy A: Provide resources to area physicians about services offered by Union Hospital and other community agencies to help their patients increase physical activity, encourage weight loss, improve nutrition, and monitor blood sugar.
Strategy B: Increase participation in Diabetes Education Classes and Medical Nutrition Therapy services offered by Union Hospital and other local organizations.
Strategy C: Educate the general public about diabetes risk factors by developing educational programs and distributing public awareness materials.
Strategy D: Explore the need for expansion of endocrinology services in the area.

Objective #3
Focus diabetes prevention efforts on reaching children and parents to help prevent development of the disease in children.

Strategy A: Promote maternal and child health nutrition programs in schools and prenatal classes.
Strategy B: Collaborate with Healthy Tusc to promote policies and laws which provide for accessible and affordable healthy food choices in the communities, school, and summer recreation programs.
Strategy C: Promote breast feeding in order to reduce infant under-nutrition and potential development of diabetes later in life.

KEY METRICS FOR PRIORITIES II through VI

Annually track:

a. Number of screening programs offered
b. Total number of screenings provided
c. Individuals referred for physician followup and care
d. Community Health Data for Diabetes, Heart Attack, and Stroke